

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

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File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

CITY CLERKS OFFICE  
QUINCY, MASS. 02169

Fill in dates: Reporting Period Beginning September 3 2011 Ending December 31 2011

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

John C. Cain

Full Name of Candidate (if applicable)

Ward 3 City Council

Office Sought and District

192 South Central Avenue

Residential Address

Quincy, MA 02170

Tel. No. (optional)

617-472-5844

Committee to Elect John C. Cain

Committee Name

Mmanuel C. Garrido

Name of Committee Treasurer

192 South Central Avenue

Committee Mailing Address

Quincy, MA - 02170

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1,207.58</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1,253.43</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2,461.01</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2,083.67</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>377.34</u>
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Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>Eastern Bank - Quincy Branch</u>

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]  
Treasurer's signature (in ink)

1/18/12  
Date

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

#### Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]  
Candidate signature (in ink)

1/18/12  
Date

# SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2011 9/12	Bubencik, Robert + Pauline 230 Everett St., Quincy, MA 02170	\$100 -	
9/24	Hannon, Jeffrey 240 S. Central Ave., Quincy, MA 02170	200 -	President 3 Phase Elevator Corp.
11/04	Hern, Joseph 340 Beale St., Quincy, MA 02170	75 -	
10/07	Muhoney, Dennis 228 S. Central Ave., Quincy, MA 02170	100 -	
9/23	Phillips, David 221 Columbus Ave., Boston, MA 02116	200 -	Doctor / Private Practice
Line 9: Total receipts in excess of \$50 (or listed above)		\$675 -	
Line 10: Total receipts \$50 and under* (not listed above)		578.43	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,253.43	Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid 2011	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/13	Cain, Kathleen	192 S. Central Ave. Quincy, MA 02170	Campaign Signs/Posters + Shipping/Handling	\$1,234	50
10/04	Same	Same	Campaign Office Supplies & Stamps	88	-
10/05	Same	Same	Campaign Office Expense - Web site	179	95
10/30	Same	Same	Campaign Expense/Flyers/ Handout Distribution	70	47
11/08	Same	Same	Campaign Office Supplies	110	-
10/01	Staples, Inc.	757 Gulliver Blvd. Dorchester, MA 02122	Campaign Office Supplies/ Envelopes/Folder/Paper	132	77
10/14	Same	Same	Campaign Office Supplies/ Printer Ink	120	05
10/29	Same	Same	Campaign Office Supply/ Epson Ink	57	90
Line 12: Expenditures over \$50				\$1,993	64
Line 13: Expenditures \$50 and under*				90	03
Line 14: TOTAL EXPENDITURES				\$2,083	67

Enter on page 1, line 4

\*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
Line 17: Total In-kind				0

Enter on page 1, line 6

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Line 18: OUTSTANDING LIABILITIES (ALL)				0

Enter on page 1, line 7



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		9/13/11
Name of Individual Being Reimbursed:	Kathleen Cain / 192 S. Central Ave., Quincy, MA 02170	
Committee Name:	Committee to Elect John C. Cain	
CPF ID Number (if applicable):		Telephone Number (optional):

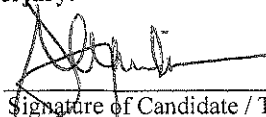
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/13/11	SIGNEX	4880 AG Distribution Ctr Orlando, FL 32882	Campaign Signs / Posters + Shipping / Handling	\$1,234.50

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$1,234.50
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	\$1,234.50

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 1/18/12

Please prepare a separate report for each reimbursement check issued by the committee.



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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		10/04/11
Name of Individual Being Reimbursed:	Kathleen Cain / 142 S. Central Ave., Quincy, MA 02170	
Committee Name:	Committee to Elect John C. Cain	
CPF ID Number (if applicable):		Telephone Number (optional):

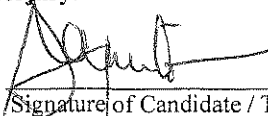
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/04/11	U.S. POST OFFICE	Beach Street Wollaston, MA 02170	Campaign Office Supplies - Postage Stamps	\$ 88.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$ 88.00
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	\$ 88.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 11/18/12

Please prepare a separate report for each reimbursement check issued by the committee.



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Date of Reimbursement:		10/05/11
Name of Individual Being Reimbursed:	Kathleen Cain / 142 S. Central Ave., Quincy, MA 02170	
Committee Name:		
CPF ID Number (if applicable):		Telephone Number (optional):

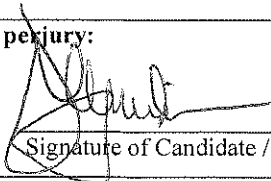
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/05/11	WEBS.COM	billing@webs.com	Campaign Expense/ Website Rental Package	\$179.95

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$179.95
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	\$179.95

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 1/18/12

Please prepare a separate report for each reimbursement check issued by the committee.



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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		10/30/11
Name of Individual Being Reimbursed:	Kathleen Cain / 192 S. Central Ave., Quincy, MA 02170	
Committee Name:	Committee to Elect John C. Cain	
CPF ID Number (if applicable):		Telephone Number (optional):

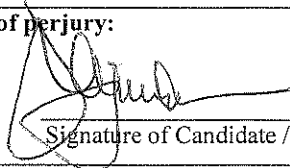
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/30/11	Michael Connolly Alex Chen Jason Lee	135 Warren Ave. Quincy 85 Summit Ave. Quincy 491 Beale St. Quincy MA 02170	Distribution of Campaign Flyers/Handouts in Ward 3	\$ 70.47

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$ 70.47
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	\$ 70.47

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date: 1/18/12

Please prepare a separate report for each reimbursement check issued by the committee.





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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		11/08/11
Name of Individual Being Reimbursed:	Kathleen Cain / 192 S. Central Ave., Quincy, MA 02170	
Committee Name:	Committee to Elect John C. Cain	
CPF ID Number (if applicable):		Telephone Number (optional):

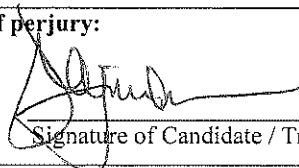
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/08/11	Staples, Inc.	757 Gelli van Blvd. Dorchester, MA 02122	Campaign Office Supplies	\$110.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$110.00
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	\$110.00

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 1/18/12

Please prepare a separate report for each reimbursement check issued by the committee.